

**United States Bankruptcy Court**  
**Eastern District of Michigan**

In re **Michael P. Phillips,  
Rhonda M. Phillips**

Debtors

Case No. **11-53630**

Chapter **13**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>170,000.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>25,768.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>2</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>226,698.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>5</b>		<b>42,918.00</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>5,660.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>3,633.00</b>
Total Number of Sheets of ALL Schedules		<b>18</b>			
Total Assets			<b>195,768.00</b>		
Total Liabilities				<b>269,616.00</b>	

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Debtors

Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>30,390.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>30,390.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>5,660.00</b>
Average Expenses (from Schedule J, Line 18)	<b>3,633.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>7,243.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>54,738.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>42,918.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>97,656.00</b>

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Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Married</b>	RELATIONSHIP(S): <b>Son</b> <b>Daughter</b>	AGE(S): <b>7</b> <b>9</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Senior Maintenance</b>	<b>Registered Nurse</b>
Name of Employer	<b>Emhart Technologies</b>	<b>Henry Ford Hospital</b>
How long employed	<b>7 Months</b>	<b>2 Weeks</b>
Address of Employer	<b>Chesterfield, MI</b>	<b>Detroit, MI</b>

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <b>4,691.00</b>	\$ <b>3,120.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

## 3. SUBTOTAL

\$ <b>4,691.00</b>	\$ <b>3,120.00</b>
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## 4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security  
b. Insurance  
c. Union dues  
d. Other (Specify): **Mandatory 401 (k)**

\$ <b>992.00</b>	\$ <b>611.00</b>
\$ <b>407.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>141.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

## 5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>1,540.00</b>	\$ <b>611.00</b>
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## 6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>3,151.00</b>	\$ <b>2,509.00</b>
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7. Regular income from operation of business or profession or farm (Attach detailed statement)  
8. Income from real property  
9. Interest and dividends  
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  
11. Social security or government assistance  
(Specify):

\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

## 12. Pension or retirement income

## 13. Other monthly income

(Specify):

\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

## 14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>0.00</b>	\$ <b>0.00</b>
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## 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>3,151.00</b>	\$ <b>2,509.00</b>
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## 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <b>5,660.00</b>
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(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<b>0.00</b>
a. Are real estate taxes included? Yes <u><b>X</b></u> No <u>    </u>		
b. Is property insurance included? Yes <u><b>X</b></u> No <u>    </u>		
2. Utilities:		
a. Electricity and heating fuel	\$	<b>286.00</b>
b. Water and sewer	\$	<b>56.00</b>
c. Telephone	\$	<b>40.00</b>
d. Other <u><b>See Detailed Expense Attachment</b></u>	\$	<b>281.00</b>
3. Home maintenance (repairs and upkeep)	\$	<b>60.00</b>
4. Food	\$	<b>700.00</b>
5. Clothing	\$	<b>150.00</b>
6. Laundry and dry cleaning	\$	<b>60.00</b>
7. Medical and dental expenses	\$	<b>100.00</b>
8. Transportation (not including car payments)	\$	<b>1,206.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<b>70.00</b>
10. Charitable contributions	\$	<b>0.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<b>0.00</b>
b. Life	\$	<b>0.00</b>
c. Health	\$	<b>0.00</b>
d. Auto	\$	<b>183.00</b>
e. Other <u>    </u>	\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) <u>    </u>	\$	<b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<b>281.00</b>
b. Other <u>    </u>	\$	<b>0.00</b>
c. Other <u>    </u>	\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others	\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home	\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<b>0.00</b>
17. Other <u><b>See Detailed Expense Attachment</b></u>	\$	<b>160.00</b>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<b>3,633.00</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <u>    </u>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	<b>5,660.00</b>
b. Average monthly expenses from Line 18 above	\$	<b>3,633.00</b>
c. Monthly net income (a. minus b.)	\$	<b>2,027.00</b>

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**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Detailed Expense Attachment****Other Utility Expenditures:**

<b>Cell Phone</b>	\$	<b>140.00</b>
<b>Cable</b>	\$	<b>85.00</b>
<b>Internet</b>	\$	<b>40.00</b>
<b>Garbage</b>	\$	<b>16.00</b>
<b>Total Other Utility Expenditures</b>	\$	<b>281.00</b>

**Other Expenditures:**

<b>Personal Hygiene</b>	\$	<b>40.00</b>
<b>Cigarettes</b>	\$	<b>30.00</b>
<b>Hair Cuts</b>	\$	<b>50.00</b>
<b>School Activities</b>	\$	<b>10.00</b>
<b>Pets</b>	\$	<b>30.00</b>
<b>Total Other Expenditures</b>	\$	<b>160.00</b>